

THE UNIVERSITY OF CALGARY
FACULTY OF MEDICINE
DEPARTMENT OF PSYCHIATRY
PRESENTS
THE 2004 SEBASTIAN K. LITTMANN RESEARCH DAY
FRIDAY March 05, 2004
VILLAGE PARK INN

- ABSTRACT FORM -

To be submitted by Friday, February 13, 2004 to Dr. Scott B. Patten, Department of Psychiatry, Peter Lougheed Centre, #3644, 3500 – 26 Ave. NE, Calgary, AB. T1Y 6J4

Please send your abstract by electronic file to: yvette.kosidowski@calgaryhealthregion.ca
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Title: System-Level Stigma: Mental Health Measures In Health Performance Measurement Systems
Author(s): Carol E Adair, L Simpson, H Gardiner
Presenter(s): Carol E. Adair

Research Objective: Performance measurement (PM) has become an important tool for accountability in health service systems in most nations in the past two decades. There has been an unprecedented proliferation of measures/indicators as well as systems for data collection and reporting for accreditation, accountability for funding and, increasingly, for reporting directly to the public in the form of “report cards”. In the context of a broader State of the Science Review on Health Performance Measurement we examined the prevalence of PMs specific to mental illnesses/treatments in comparison to those specific to other health conditions/ treatments.

Study Design and Methods: 15 PM systems (including report cards) that published total indicator sets were identified in an extensive peer-reviewed (617 articles) and grey literature search. Proportions of measures by disease type were tabulated for comparison.

Results: Even though mental illnesses account for 11-15 % of disease burden, mental health specific PMs accounted for only 3.26 % (range 0 – 11%; 95% CI 2.3 - 4.6%) of currently used or proposed measures among the health PM systems that we identified. Since health system decision-makers will be pressured to focus improvement efforts on components of service for which measures are reported, mental health services improvement at the system level may be disadvantaged.

Conclusion: Mental health measures are under-represented in health PM systems. In addition to stigma at the individual level and relative disadvantage in services and research funding at the program level, this situation suggests a type of stigma at the health system level.

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Title: Is improvement in depressive symptoms associated with improvement in psoriasis when treated with venlafaxine?

Authors: Beverly Adams, Stewart Adams, Scott Patten, Mitchell Spivak, Carl Adrian

Presenter: Carl Adrian

Abstract: This study proposal is currently before ethics for approval.

The primary objective of this study is to determine whether improvement in depressive symptoms is associated with improvement in psoriasis when patients are given an 8 week trial of venlafaxine 75 mg orally per day.

The association between stress, anxiety/depression, and psoriasis has been well documented. Although a variety of psychiatric interventions have been demonstrated to be efficacious in the treatment of psoriasis, currently there are no reports in the literature of which we are aware describing psoriasis response when comorbid depression is treated with an antidepressant. The study results are important because they will generate useful information regarding possible mediators of psoriatic activity as well as add to the armamentarium of treatment strategies for managing psoriasis. This pilot project will determine if further investigation of psoriasis treatment with an antidepressant is merited.

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Title: Palm-Based Dementia Assessment in Primary Care

Author(s): Don Bakal, Brad Lohman, Jan Tuffnail, Steve Matovich, Josh Benjamin, Jeff Bakal

Presenter(s): Don Bakal, Brad Lohman

The goal of this presentation is to present a PDA version of the GPCOG (General Practitioner Assessment of Cognition), a cognitive screen in use by primary care physicians affiliated with the Alzheimer and Dementia Resource Clinic (ADRC). The GPCOG follows a "two-stage" assessment model and owes its lineage to the CAMCOG-R a neuropsychological screen that is in use by ADRC clinicians. The GPCOG includes both informant and patient items. The physician can administer the 9-item cognitive section (taking 4 minutes) in isolation or add the informant section (taking 2 minutes) if there is concern. ADRC clinic nurses also use the Clinical Dementia Rating Scale (CDR) which is a dementia staging interview that uses information from the patient and caregiver to rate an individual along 5 levels of impairment from none to maximal in each of 6 domains: memory, orientation, judgment and problem solving, function in community affairs, home and hobbies, and personal care. The CDR is a well-known in clinical trials. As part of a collaborative project with the Washington University in St. Louis Alzheimer's Disease Research Center we are working towards the development of a user-friendly Palm version of the CDR that facilitates test administration and reliable scoring following a built-in algorithm. In this study, a version of the GPCOG was extracted from 84 University of Washington patient record files and the relationship between GPCOG scores with the CDR rankings was examined. The correlation of the GPCOG with the CDR was 0.84 with both the patient and informant items contributing significantly to the CDR scores. The sensitivity and specificity of the GPCOG were within accepted values. Finally, a CART analysis was utilized to find the optimal classification of the GPCOG scores using the CDR as a gold standard and to explore the discriminative power of the patient and informant subscales.

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Title: The relationship of thyroid disease and its treatment with major depression, OR,
How to use available Statistics Canada data to answer research questions relevant to psychiatry.

Author(s): Cindy Beck, Scott Patten

Presenter(s): Cindy Beck

Background: The Canadian Community Health Survey (CCHS) and other Statistics Canada surveys provide an opportunity to examine questions relevant to psychiatry using existing data. **Objective of the Presentation:** To present a study of thyroid disease and its treatment in relation to major depression, as an example of the use of available Statistics Canada data in answering research questions about psychiatry-related topics. **Study Methods:** The 2000/2001 CCHS gathered self-reported data on the presence of thyroid disease. Current treatment was assessed with the question "In the past month did you take thyroid medication such as Synthroid or levothyroxine?". Three groups were defined: those without thyroid disease (noTHY), with treated thyroid disease (THY+), and with untreated thyroid disease (THY-). Past-year major depression was assessed with a brief structured interview. Analysis included subjects ≥ 18 years who provided depression, thyroid, and treatment data (N=27,707). Proportions with depression were calculated in the three groups. Logistic regression was used to examine depression as a function of age, sex, and thyroid disease/treatment group. Sampling weights and bootstrapping were used. **Results:** The overall weighted prevalence of thyroid disease was 5.1%(95%CI:4.8-5.5), while that of depression was 7.3%(95%CI:6.8-7.7). The depression prevalence was 7.1%(95%CI:6.7-7.6) for noTHY, 8.4%(95%CI:6.3-10.5) for THY+, and 17.7%(95%CI:10.7-24.7) for THY-. Logistic regression did not demonstrate a significant difference between the odds of depression for THY+ versus noTHY, adjusted for age and sex (odds ratio 1.2, 95%CI:0.9-1.6, Wald p=0.2). However, THY- had significantly higher adjusted odds of depression than noTHY (odds ratio 2.4, 95%CI:1.4-4.0, Wald p<0.002). **Conclusions:** Statistics Canada data were useful for the analysis of the relationship of thyroid disease and its treatment with major depression. Results suggest that only untreated thyroid disease is associated with major depression on a population basis (which we may have expected clinically). Limitations of the study include the cross-sectional study design (precluding conclusions regarding causality), and the self-report nature of the data on thyroid disease and its treatment.

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Title: Shared Mental Health Care: Extending Services to Children and Adolescents

Authors: Joan Besant, Tina Parsons

Presenters: Joan Besant, Tina Parsons

Background research on the adult Shared Mental Health Care (SMHC) model is reviewed and discussed in light of extending this model to apply to the child/adolescent population. Challenges, possible solutions and further questions to ponder will be introduced for audience feedback.

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Title: The Future of Psychiatry

Author(s): William G. Campbell, Keith I. Pearce

Presenter(s): Bill Campbell and Keith Pearce

Psychiatry is in a precarious position. Its continued existence as a medical specialty is uncertain for its place in medicine is slowly being eroded. The mind has been conceived as the counterpoint to the physical body and this implicit dualism is present in even modern treatment of mental illness. The science of mental disease has not been affected by the explosion of understanding that has occurred with the physical realm. Recent research is showing that the mind is embodied and that phenomenological psychopathology must be addressed if psychiatry is to treat mental diseases. The future of psychiatry is and will remain uncertain if it does not develop phenomenological psychopathology in accord with the unity of science model. As the neurosciences develop new understandings of the mind, consciousness and self awareness, psychiatry must adjust to these or become irrelevant. If it does not, diseases of the brain, including the major psychoses will increasingly be treated by the disciplines of neurology and psychology. This paper will examine how psychiatry came to be unable to adjust to an expanding science in a way similar to other medical disciplines. The major issues which require correction are continuing implicit Cartesian dualism together with the persistence of behaviorism which from its inception has denied the significance of phenomenological psychopathology and consciousness. In addition we will review how this necessary adjustment may be achieved.

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Title: Arnika Centre for Dual Diagnosis, One Year Diagnostic Results of a Community Based Psychiatric Clinic for Intellectually Disabled Persons

Author(s): Susan Carpenter

Presenter(s): Susan Carpenter, Barbara Pitcher

Abstract: Arnika Centre is a community based clinic supported by Persons with Developmental Disabilities and The Calgary Health Region. It serves late adolescents and adults with both an intellectual disability and a mental health concern. Analysis of data retrieved from the first year of service in the Calgary region reveals some interesting observations of the level of intellectual disability, the most prevalent diagnoses, and further opportunities to develop service in the Calgary Region.

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Title: Child and Adolescent Mental Health Program Study: Workplace Cultural Competency & Service Utilization by Culturally Distinct Groups in the Calgary Health Region

Author(s): David Cawthorpe, Abduhl Rahman, Chris Wilkes

Presenter(s): David Cawthorpe

Diversity competence is a priority in the Calgary Health Region for all services including mental health. While diversity is a concept with a wide definitional range, one area that historically has been a focus nationally, provincially and regionally is the development of competence in the area of cultural diversity. According to the gold standard of cultural or diversity competence, a target group should have access to and receive a given service in proportion similar if not equal to that of the host population. With this standard in mind, the first steps in understanding system competency is the ability to measure the baseline rates to service access and utilization by target groups. Additionally, it is important to measure other aspects of the service system's competency.

Based on data from the Child and Adolescent Mental Health and Psychiatry Program, we undertook to measure baseline rates of service access and utilization by target groups. Target groups were identified in the database as having a first language other than English. Other aspects of the service system's competency (cultural competency policy and procedure awareness, staff values attitudes and beliefs) were also measured.

The results are presented and discussed in terms of how these data may be refined and employed to monitor the effectiveness of community-level interventions designed to improve access to services for marginalized groups.

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Title: Improving Patient Flow for Schizophrenia/Psychosis Patients:

Author(s): Ian Champion, Lisa Stewart

Presenter(s): Ian Champion, Lisa Stewart

The Schizophrenia Continuum of Care Project is part of the CHR Regional Collaborative Initiative examining patient flow across the service continuum. The Collaborative provides teams with the structure and support to test small process changes within their programs/services. Representatives from programs/services serving the Schizophrenia/psychosis population within the region have worked on defining, mapping and testing criteria related to admission, discharge and referral between services. Criteria for assessing patient readiness for another level of care has also been developed and tested against existing caseloads. The test sample revealed that barriers exist for discharging patients to another level of care. Some of these barriers include (1) patient needs a level of care that is not available in the community, (2) patient lacks a family physician, (3) patient is not willing to be moved to another service. The Project team has developed a number of possible solutions to facilitate transfer to another level of care. Examples of these solutions are (1) to liaise with physicians in the community to build capacity in treating patients with schizophrenia/psychosis, (2) to establish a process whereby patients discharged to a family physician could quickly access appropriate level of support should they begin to decompensate.

The collaborative framework and Improvement model will be reviewed and the specific learning and programs changes that have been identified will be presented.

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Title: Craving in Pathological Gambling: A Functional MRI Study

Author(s): D. Crockford, B. Goodyear, J. Quickfall, J. Edwards, N. el-Guebaly

Presenter(s): David Crockford

Objective: Functional Magnetic Resonance Imaging (fMRI) has identified specific brain regions activated with the experience of cravings for substances in chemically addicted patients. Studying pathological gamblers by fMRI would not only help identify potential underlying neurobiologic factors contributing to the persistence of pathological gambling, but also may act as a means to study the vulnerability to addictions without the potential confounding effects of substance intake.

Method: Ten DSM-IV pathological gamblers were compared to 10 matched healthy control subjects via BOLD fMRI of the brain. Using a repeated block design, participants were exposed to an audiovisual stimulus consisting of a video designed to induce craving for gambling, alternating with a matched neutral control video or a gambling task.

Results: Male pathological gamblers displayed consistent and significant increased blood flow to the right dorsolateral prefrontal cortex, right ventrolateral prefrontal cortex, bilateral medial temporal structures (hippocampal and parahippocampal gyri), and bilateral visual and dorsal parietal cortices compared to control subjects. The differential pattern of activation for pathological gamblers was associated with a significantly different mean craving response for gambling.

Conclusions: Similar to findings with substance use disorders, male pathological gamblers displayed brain activation in regions associated with the experience and application of contextual memory during subjective craving for gambling. These results suggest that selective priming of salient memory pathways may underlie the persistence of addictive behaviors.

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Title: Designing cohorts of gamblers... a trip to Mars!

Author(s): N. el-Guebaly, D. Hodgins, G. Smith, R. Williams, V. Williams, D. Schofpflocher, R. Wood

Presenter(s): Nady el-Guebaly

Gambling is a normative activity in the Alberta population, with 82% of the adult population having gambled in the past year. Upon creation in 1999, the Board of the Alberta Gaming Research Institute commissioned a set of literature reviews in the biopsychosocial, sociocultural, policy and economic domains of gambling research. A controversy in interpreting the significance of various domain variables and the lack of cross-over studies was highlighted and support was received on March 23rd, 2001 for a major collaborative project.

Longitudinal studies are the optimal methodology for understanding the factors that determine behaviors and the onset of disorders. The design to study factors that promote responsible gambling and/or make people susceptible to problem gambling hard to accommodate time and resource constraints.

The present project intends to study prospectively 2000 Albertans over a 5-year period from 2004 to 2009. There will be 5 age cohorts with 400 in each cohort: 13-15 year olds; 18-20 year olds; 23-25 year olds; 43-45 year olds; and 63-65 year olds. Fifty percent of each cohort will be derived from the general population and fifty percent from a 'high risk' sample of individuals who are at elevated risk for developing gambling problems because of the greater amount spent on gambling.

The presentation outlines the methodological hurdles initially encountered as well as the experience in meeting the expectations of 4 consecutive sets of reviews.

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Title: Services utilization patterns for young children with autistic spectrum disorders

Author(s): John McLennan, Mouhammed Halat, Michelle Caza

Presenter(s): Mouhammed Halat

Objective: To determine service utilization patterns of young children with autistic spectrum disorder (ASD) attending specialty centres

Method: A parent-report survey was sent to parents of children six years of age and under who had been seen at one of seven specialty centres in Canada. Data for children identified by the parent as having an ASD were extracted from the overall sample. Univariate and bivariate analysis were performed on the utilization data. In addition, detailed service utilization maps were constructed for two children also recruited from two different specialty centres.

Results: Parents of 63 children with ASD completed the survey. Family doctors were the most common professional seen first. Paediatricians were the main referrals source for a broad array of professionals. Speech and language pathologists were the most frequent recipient of referrals. Hearing screenings were the most commonly reported test. Speech therapy, followed by occupational therapy, was the most common treatments received. Fifty-nine percent of the children were reported to have received Intensive Behavioural Interventions. There was minimal variation between patterns across the two provinces and urban versus rural residence. Service utilization maps demonstrated the complexity of the pathways traversed by some parents with children with ASD

Conclusions: There are substantial variations in professional services received by children with ASD. Developing explicit best-practice pathways may provide a standard from which to guide service organization and evaluate patterns of services received.

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Title: Major Depression Epidemiology

Author(s): Scott Patten

Presenter(s): Scott Patten

Background: In the past, psychiatric epidemiology has focused on static rates and frequencies such as prevalence and incidence. While such estimates are useful, they do not provide an adequate picture of the epidemiology of this disorder. **Objective of the Presentation:** To present an overall description of the epidemiology of this condition. **Study Methods:** Data employed in this analysis derived from several national surveys, most notably the National Population Health Survey and the Canadian Community Health Survey. Markov models were used to refine estimates of incidence and episode duration. **Results:** Major depression was found to be a very common condition, with an annual prevalence of approximately 5% and a point prevalence of approximately 1-2%. A very large number of people develop new episodes each year, approximately 3% of the population. The majority of these episodes, however, recover within a few weeks. The probability of recovery declines progressively, following an exponential pattern, as episodes become longer in duration. **Conclusions:** The features of major depression in the community are different than the impression gained from working in clinical settings. Many episodes occurring in community populations are self-limited. The epidemiological “picture” in the community is a highly dynamic one: the prevalence at any point in time represents a rapid inflow to a “prevalence pool,” coupled with a rapid outflow from it. A minority experience protracted episodes and these should be the target of psychiatric intervention.

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Title: Neurobiology of marijuana use: a review of neuroimaging data

Author(s): Jeremy Quickfall, David Crockford

Presenter(s): Jeremy Quickfall

Marijuana is one of the most commonly abused illicit substances and is associated with cognitive, mood, anxious, and psychotic phenomena. Recently, data has begun to emerge with regards to possible effects that marijuana has on structural and functional aspects of the brain. Notably, results have been most consistent in frontal, limbic/paralimbic, and cerebellar regions in functional imaging studies, and specific correlations have been made between these regions and clinically identified drug-related effects such as depersonalization, disrupted internal 'time-keeping' and short-term memory. The findings of anatomically-based neuroimaging studies will be reviewed and correlated with some of the neuropsychiatric and neuropsychological literature. Theories on the effects of marijuana on neural circuitry and how these effects lead to the discussed results will be presented, as well as possible directions for future research.

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Title: Helping the gambler, helping yourself: Minimal treatment approaches for concerned significant others of problem gamblers

Author(s): Steven A. Skitch, David C. Hodgins, Karyn Makarchuk, Kylie L. Thygesen, Erin K. Cassidy

Presenter(s): Steven Skitch

The present study examined the efficacy of a minimal treatment approach to assist the concerned significant others (CSOs) of problem gamblers. A randomized controlled trial was conducted to compare the efficacy of two minimal interventions and a control condition. The interventions were both based upon a cognitive-behavioural approach called Community Reinforcement and Family Training (CRAFT) that has been successfully used with CSOs of substance abusers. The first minimal intervention group received the Self-help workbook (based on the CRAFT approach) via the mail and the second minimal intervention group received the Self-help workbook plus telephone support. The control condition received an information package describing available treatment resources. One hundred and eighty-six participants (82% female, 56% spouses) were recruited from Ontario, Alberta, Manitoba, and Newfoundland and were randomly assigned to one of three groups: control, workbook, or workbook plus telephone support. Variables assessed were: gambling involvement and consequences, personal and relationship functioning, whether the gambler entered treatment, and satisfaction with the program. Participants were followed-up at 3 months and 6 months post-intervention. Overall, participants reported significant improvement in all areas (i.e., personal and relationship functioning, consequences related to gambling, gambling behavior) at both the 3 and 6-month follow-up. The data demonstrated differences in favor of the interventions in three areas: days reported gambling, number of people satisfied with the program, and number of people who had their needs met. Although there were some limitations to this study, the results do provide evidence that brief interventions can lead to reduced gambling behavior, consequences, and personal and relationship distress.

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PRESENTS
THE 2004 SEBASTIAN K. LITTMANN RESEARCH DAY
FRIDAY March 05, 2004
VILLAGE PARK INN**

- ABSTRACT FORM -

To be submitted by Friday, February 13, 2004 to Dr. Scott B. Patten, Department of Psychiatry, Peter Lougheed Centre, #3644, 3500 – 26 Ave. NE, Calgary, AB. T1Y 6J4

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Title: Melancholy and Depression in Western Visual Art

Author(s): Carmen Thompson, Keith Dobson

Presenter(s): Carmen Thompson

Psychological research has addressed the relationship between the visual arts and melancholy, but has tended towards explorations of the artist as a melancholic figure. Throughout history, visual depictions of the melancholic persons and melancholy have been commonplace. However, analysis of this work tends to remain in the domain of art history. The primary goal of the current research was to initiate an exploration of pictorial representations of melancholy and depression from a psychological perspective. The formulation of a novel methodology for the collection and analysis of images was central to this study. Specific questions and areas of investigation were generated through a thematic analysis in which the 184 images that had been collected were categorized on the basis of apparent themes and sub themes. Of interest, were the reoccurrence of specific signs and symbols, chronological changes in the imagery, and differences in representations of the artistic subject based on gender. An overview of these areas is presented, and specific categories and examples are discussed.

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Title: Outcomes of individuals with major depressive episode(s) in the general population

Author(s): JianLi Wang

Presenter(s): JianLi Wang

Objectives: In depressed individuals who used and did not use mental health services, to (1) compare the demographic, psychosocial and clinical characteristics; (2) estimate the risk of MDE in a 6-year follow-up period; (2) identify the factors associated with the persistence/ recurrence of MDE.

Methods: This was a longitudinal analysis. Data from the longitudinal cohort of the Canadian National Population Health Survey (NPHS) were used. Subjects with depression were classified into two groups by mental health service utilization at baseline. Depression was measured by the WHO's Composite International Diagnostic Interview – Short Form for Major Depression in the NPHS. The proportions of persistence / recurrence of major depressive episode(s) (MDE) in the cohorts within 6-year period were estimated. The factors related to the outcome were investigated.

Results: In the 6-year follow-up period, 49.8% of participants with Treated depression developed subsequent MDE; 28.7% of those with Untreated depression reported MDE. Multivariate analyses showed that, among those who reported the use of mental health services, childhood and adulthood traumatic events and functional impairment were related to the recurrence of MDE. Among those who did not use mental health services, reported negative life events and the severity of depressive symptoms were predictive of the Recurrent MDE.

Conclusions: The risk of the recurrence of MDE and associated factors differ in mental health service users and non-users. Future studies need to confirm these results and to identify service barriers for those who do not use the services and who are at a high risk of MDE.

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Title: A Pilot, Open-label Trial of Gabapentin for Smoking Cessation: Interim Findings

Author(s): William White, David Crockford, Scott Patten, Nady el-Guebaly

Presenter(s): Will White

Background: Cigarette smoking is a leading preventable cause of morbidity and mortality. Useful treatments are limited in number and efficacy. Two human case reports and animal studies suggest a rationale for gabapentin (GBP) as a potential aid to smoking cessation. **Objectives:** This pilot study aims to obtain data (estimate of treatment effect size, confidence intervals, sample size calculations) required to plan a definitive trial. Interim data are presented from the partial sample who have completed the study to-date. **Methods:** 20 smokers were randomized to open-label GBP or bupropion SR (BPR) along with brief weekly counselling for smoking cessation. The primary outcome variable was abstinence. Secondary outcome variables were smoking reduction and change in withdrawal severity. Participants documented daily smoking and withdrawal symptoms and attended weekly follow-up for six weeks. Self-reported abstinence was verified by urine cotinine assay. At study completion, the final sample will include 40 participants. **Results:** Rates of abstinence, smoking reduction, withdrawal severity, and tolerability of medications for the two groups are compared. These preliminary data were not analyzed for statistical significance. **Conclusions:** Similarities and differences in efficacy and tolerability between the two medications are suggested. Outcome data from the final study sample will allow sample size calculations for an adequately powered trial. The open-label study design and lack of a placebo control group limit interpretation of findings. Were GBP proven more efficacious than placebo in a future study, GBP could have a role to play in smoking cessation, especially in patients who do not tolerate BPR or when BPR is ineffective or contraindicated. Individualized dosing and combination therapy might improve tolerability / efficacy of both agents. The authors are unaware of other prospective studies of this indication for GBP.

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